

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90003 021 ****70.00

DOCUMENT # N28621

1. Entity Name

OAK HAMMOCK HOMEOWNERS ASSOCIATION OF TALLAHASSEE

Principal Place of Business

**3106 OAK HAMMOCK COURT
TALLAHASSEE FL 32301
US**

Mailing Address

**3106 OAK HAMMOCK COURT
TALLAHASSEE FL 32301
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Jean T. Littlefield

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/10/01

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **LITTLEFIELD, JEAN T**
STREET ADDRESS **3106 OAK HAMMOCK CT**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **DVP** ☐ Delete
NAME **WADE, DORIS**
STREET ADDRESS **3101 OAK HAMMOCK CT**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **DS** ☐ Delete
NAME **LITTLEFIELD, JEAN**
STREET ADDRESS **3106 OAK HAMMOCK CT**
CITY-ST-ZIP **TALLAHASSEE FL 32301-6052**

TITLE **DT** ☐ Delete
NAME **BOWEN, THOMAS**
STREET ADDRESS **8350 HUNTER'S RIDGE TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jean T. Littlefield **JEAN T. LITTLEFIELD**

10/10/01 850-671-2749

CR2E037 (10/00)